CITY OF ZIONSVILLE
ADA REQUEST AND COMPLAINT LOG

DATE	BARRIER IDENTIFICATION	BARRIER	LOCATION	ACTION	REQUESTED BY	CONTACT PHONE #
xx/xx/xxxx	*Entry Door*	*Not Automatic*	*Oak St. /Brendon Way*	*Door Bell*	*Jane Doe*	*xxx-xxxx*
xx/xx/xxxx	*Door to Clerks Office*	*Hardware*	*Main St. /West St.*	*New Hardware*	*Bob Smith*	*xxx-xxxx*